PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/518,346			ing Date 17/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A	LD NO	N/A		N/A	1 LL (0)	i	N/A	TLE (0)	
	SEARCH FEE		N/A		N/A		N/A		1	N/A		
	(37 CFR 1.16(k), (j), ( EXAMINATION FE (37 CFR 1.16(o), (p), (	Ε	N/A	-	N/A		N/A		1	N/A		
	FAL CLAIMS CFR 1.16(i)	or (q))	minus 20 =				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	etion and drawinger, the application for small entity) sheets or fraction (1)(G) and 37	on size fee due for each n thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	12/28/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	* 25	Minus	<b>~</b> 20	= 5	]	x \$ =		OR	X \$50=	250	
	Independent (37 CFR 1.16(h))	• 4	Minus	<b></b> 3	= 1	]	x \$ =		OR	X \$210=	210	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	460	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=	]	x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***	=	]	x \$ =		OR	x \$ =		
띪	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write '70' in column 3.  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in 166 (and by the USETO to noceess) an implication. Confidentially is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in exident graterials, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double by some thoreoffice this formand of CERC U.S. Patients and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND THIS ADDRESS